

California Board of Behavioral Sciences

MARRIAGE AND FAMILY THERAPIST WRITTEN CLINICAL VIGNETTE EXAMINATION CANDIDATE HANDBOOK



For Examinations April 1, 2004 and Later

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FOR MORE INFORMATION

All questions about written examination scheduling
should be directed to:

Experior
1260 Energy Lane
St. Paul, MN 55108
TDD User: 800.790.3926
Voice: 800.897.2046

Questions about examination content or licensing
should be directed to:

Board of Behavioral Sciences
400 R Street, Suite 3150
Sacramento, CA 95814-6240
916.445.4933
Web site: www.bbs.ca.gov

GENERAL GUIDELINES AND INFORMATION

This handbook provides candidates with important information regarding the California Marriage and Family Therapist (MFT) Written Clinical Vignette examination. This handbook is designed to provide candidates with the opportunity to develop an understanding of the examination process and format, and to familiarize candidates with what to expect during the examination.

The Board of Behavioral Sciences (BBS) strongly recommends that candidates study each section carefully in advance of the examination to contribute to a successful examination experience.

Objective of the Board of Behavioral Sciences (BBS)

State licensing boards are mandated to protect the public by developing examinations that determine minimum competency for licensure. Licensure is mandated for those who provide independent professional services to consumers.

In accordance with Sections 4996.1 and 4996.3 of the California Business and Professions Code, and Section 1877 of the California Code of Regulations, applicants for MFT licensure must pass a Board-administered written or oral examination or both examinations. An applicant who passes the initial “Standard Written” examination is subsequently required to take and pass the Written “Clinical Vignette” examination prior to issuance of the license. The BBS does not currently require an oral examination.

Candidates are tested with regard to their knowledge and professional skills, as well as the ability to make judgments about appropriate techniques and methods as applicable to the MFT scope of practice. Business and Professions Code Section 4980.02, defines the MFT scope of practice as, “...that service performed with individuals, couples, or groups, wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and premarriage counseling. The applications of marriage, family, and child counseling principles and methods includes, but is not limited to, the use of applied psychotherapeutic techniques, to enable the individuals to mature and grow within marriage and the family, and the provision of explanations and interpretations of the psychosexual and psychosocial aspect of relationships.”

MFT Examination Plan

The development of an examination program begins with an occupational analysis, most recently completed for MFTs in 2002. An occupational analysis is a method for identifying the tasks performed in a profession or on a job and the knowledge, skills, and abilities required to perform that job.

The results of an occupational analysis form the basis of a licensing examination, demonstrating that an examination is job-related. The Department of Consumer Affairs’ Examination Validation Policy requires an occupational analysis be performed every three to seven years.

Last performed in 2002 for the MFT profession, the analysis began with interviews of licensees to gather information about the tasks that are performed in independent practice and the knowledge required to perform those tasks. That information was reviewed and refined during workshops with licensees, then incorporated into a questionnaire. The questionnaire asked licensees to rate the importance of (for example) each task and knowledge area associated with their own practice.

The questionnaires were mailed to 2,000 MFTs throughout California. Several panels of MFTs reviewed the results of the questionnaire. The panels then established the content of the new examination plan based on the task statements and knowledge areas determined critical to practice, forming a valid MFT examination plan.

The MFT Written Clinical Vignette examination plan consists of the content areas listed on Page 9. In each content area, the examination plan describes examination content in terms of the task statements and knowledge areas resulting from the occupational analysis. **It is important that candidates prepare for the examination by studying the examination plan.**

The Written Clinical Vignette examination is directly related to clinical practice situations. Therefore, supervised clinical experience increases the likelihood of success in the examination. The types of clients and the overall presentation of the clinical situations and issues in the clinical vignettes are consistent with mainstream practice for entry-level MFTs.

Examination Development

The MFT examinations are developed and maintained by the Office of Examination Resources (OER), a division of the Department of Consumer Affairs. The OER staff consists of test validation and development specialists who are trained to develop and analyze occupational licensing examinations.

Currently practicing MFTs who participate in examination development and review workshops are referred to as “Subject Matter Experts” (SMEs). The clinical vignettes and multiple-choice items associated with each clinical vignette are developed and verified by multiple panels of SMEs

SMEs are trained in established examination development processes and measurement methodologies by the OER. The cooperative efforts among these members of the MFT profession, the OER and the BBS are necessary to achieve both the measurement and content standards for examination construction.

Establishing the Passing Standards

The MFT written examinations measure knowledge and skills required for MFT practice, and represent a standard of performance that MFT SMEs agree is the minimum acceptable level for licensing in the profession.

To establish pass/fail standards for each version of the Written Clinical Vignette examination, a criterion-referenced passing score methodology is used. The intent of this methodology is to differentiate between a qualified and unqualified licensure candidate. The passing score is based on a minimum competence criterion that is defined in terms of the actual behaviors that qualified MFTs would perform if they possessed the knowledge necessary to perform job activities.

During a criterion-referenced passing score procedure, a panel

of MFT SMEs also consider other factors that would contribute to minimum competence such as prerequisite qualifications (e.g., education, training and experience); the difficulty of the issues addressed in each multiple choice item; and public health and safety issues. By adopting a criterion-referenced passing score, the BBS applies the same minimum competence standards to all licensure candidates.

Because each version of the examination varies in difficulty, an important advantage of this methodology is that the passing score can be modified to reflect subtle differences in difficulty from one examination to another, providing safeguards to both the candidate and the consumer. A new version of the examination is implemented a minimum of two times per year to maintain examination security and the integrity of the licensing process.

THE EXAMINATION PROCESS

Examination Administration through Experior

The State of California has contracted with Experior Assessments, LLC (Experior®) of St. Paul, Minn., to administer its examination program. MFT candidates may test at any of Experior's eight California testing centers, which are located in San Diego, San Francisco, Fresno, Fremont, Rancho Cordova, Van Nuys, Cerritos and Colton. Other testing site locations may be added, based on anticipated statewide candidate volume.

All questions and requests for information about examination administration should be directed to:

Experior
1260 Energy Lane
St. Paul, MN 55108
TDD User: 800.790.3926
Voice: 800.897.2046

Scheduling the Examination

APPOINTMENTS AND CANCELLATIONS

Upon receipt of your notice of eligibility (printed on the back cover of this handbook), you must arrange the time and place for taking your Written Clinical Vignette examination (original or retake) by calling 800.897.2046 between 5 a.m. and 6 p.m. Pacific time, Monday through Friday. You may take your examination at any California Experior testing center. Please see the maps on Pages 16 and 17. Appointments are available six days per week at most centers. Schedule your test early to get your preferred site and time, preferably within 90 days from the date of your notice of eligibility.

If you miss or are late for your appointment, you will forfeit your examination fee. If you need to change your appointment

between the time of scheduling and the test date, you must contact Experior **three full working days** before your scheduled date to allow time to refill your appointment slot. Your scheduled date does not count as a working day. For example, if you are scheduled on a Thursday, you must call to reschedule by closing (6 p.m.) the prior Friday. After that time, you must contact the BBS for instructions on rescheduling. You may reschedule your examination by calling Experior at 800.897.2046.

EXAMINATION ELIGIBILITY EXPIRATION

FIRST TIME EXAMINEES: Examination eligibility expires and an application is deemed abandoned, if the applicant fails to sit for examination within one year after being notified of eligibility.

RE-EXAMINATION APPLICANTS: Examination eligibility expires and an applicant becomes ineligible to sit for examination when an applicant fails any written examination and does not retake the examination within one year from the date of that failure.

EMERGENCY CLOSURE

In the event of an emergency, Experior may need to cancel scheduled examinations. In this situation, Experior personnel will attempt to contact you via telephone; however, you may confirm your scheduled test by calling Experior at 800.897.2046. If a site is closed, exams will be rescheduled at your earliest convenience, at no cost to you. To reschedule your examination, call the toll-free number.

Taking the Examination

Your examination will be given by computer at an Experior testing center. You should arrive at least 15 minutes before your scheduled appointment to allow time for you to sign in, verify your identification and have your photo taken. You will have a minimum of 1½ hours (90 minutes) to take the

examination. The time may increase to 2 hours for future examination versions as pre-test items are added (see Page 4). The BBS Web site will provide the most up-to-date information regarding examination length.

You do not need any computer experience or typing skills. You will have a personalized introduction to the testing system and an introductory lesson (tutorial) on the computer before you start your test. The time you spend in the tutorial does not count toward the time provided for your examination.

You must provide a valid form of identification before you may test. Your identification must meet the following criteria:

- be government-issued (driver's license, state-issued identification card or military identification);
- have a current photo and your signature; and
- reflect the same name as the name used to register for the examination (including designations such as "Jr." or "III," etc.).

FAILURE TO PROVIDE APPROPRIATE IDENTIFICATION AT THE TIME OF THE EXAMINATION IS CONSIDERED A MISSED APPOINTMENT.

If you cannot provide the identification as listed above, contact Experior before scheduling your appointment to arrange for an alternative form of meeting this requirement.

If you reported a name change to the BBS after your eligibility was transmitted to Experior, ensure the name on your identification matches Experior's record prior to your examination.

Should you experience any disruption or difficulty during your examination, it is your responsibility to notify a proctor immediately so that the situation may be resolved whenever possible.

Examination Security

BBS SECURITY REQUIREMENTS

All examinations and related materials are copyrighted by the BBS and Experior. All examination materials are confidential. The BBS and the OER are committed to maintaining the security and the confidentiality of all examination materials during every phase of development, implementation and storage. The BBS strictly enforces examination security and will prosecute any individual who has been determined to be in violation of statutes pertaining to security.

Prior to receiving your notice of eligibility for the Standard Written examination, you were required to sign a security notice. When you signed this notice, you affirmed that you fully understand you are responsible for upholding examination security in accordance with Business and Professions Code Sections 123 and 584. A person found to be in violation is liable for damages sustained by the BBS in an amount not to exceed \$10,000 plus the costs of litigation. In

addition, the BBS may deny, suspend, revoke, or otherwise restrict the license of an applicant or licensee.

Business and Professions Code Sections 123 and 584 state that a candidate is prohibited from engaging in any behavior that subverts or attempts to subvert a licensing examination or the administration of an examination. Conduct that subverts or attempts to subvert a licensing examination is defined as the unauthorized use of examination materials. This includes:

- removal of examination materials from the examination room;
- reproduction of any and all portions of a licensing examination;
- acquisition of examination materials before, during, or after the examination;
- preparation or instruction of applicants for the examination with the aid of examination materials; and
- possession of books, equipment, notes, written or printer materials, or data during the examination.

Prohibited conduct also includes:

- impersonating another candidate or having another person take the examination on one's behalf;
- communicating with other candidates during the examination;
- permitting one's answers to be copied by another candidate;
- paying or using professional examination takers to reconstruct any portions of a licensing examination;
- buying, selling, or receiving future, current, or previously administered examination materials; or
- obstructing the administration of the examination in any way.

EXPERIOR SECURITY PROCEDURES

Experior reserves the right to videotape any examination session. In addition, the following security procedures will apply during the examination:

- examination contents are confidential and proprietary; no cameras, notes, tape recorders, pagers or cellular phones are allowed in the testing room;
- no programmable calculators are permitted;
- no guests, visitors or family members are allowed in the testing or reception areas; and
- no valuables or weapons should be brought to the testing center. Only keys and wallets may be taken into the testing area, and Experior is not responsible for items left in the reception area.

Special Test Considerations

ACCESSIBILITY

All examination sites are physically accessible to individuals with disabilities. Scheduling services are also available via our Telecommunications Device for the Deaf (TDD) by calling 800.790.3926.

EXAMINATION ACCOMMODATIONS

The BBS and Experior recognize their responsibilities under the Federal Americans with Disabilities Act and the California Fair Employment and Housing Act by providing testing accommodations or auxiliary aids or services for candidates who substantiate the need due to a physical or mental disability or qualified medical condition.

Candidates whose primary language is not English may also qualify for accommodation.

Requests for accommodation must be received a minimum of 90 days prior to the desired test date to allow for processing. Accommodations that fundamentally alter the measurement of the skills or knowledge the examinations are intended to test will not be granted.

HOW TO REQUEST ACCOMMODATIONS

Accommodations will not be provided at the examination site unless prior approval by the BBS has been granted. Reasonable, appropriate, and effective accommodations may be requested by submitting a "Request for Accommodation" package. This package is available by contacting the BBS or online at www.bbs.ca.gov/bbsforms.htm. Do not call Experior to schedule your examination until you have received written notification from the BBS regarding your request for accommodations.

Study Materials and Courses

The MFT Written Clinical Vignette Examination Plan contained in this handbook is the official standard for the material that will be covered in the examination. It is important for candidates to study the *Examination Items* section of this handbook and the examination plan. Should the examination plan or format change, ample notice will be provided, and updates will be posted on the BBS Web site at www.bbs.ca.gov.

Candidates are encouraged to trust in and use their clinical education, experience and judgment as a basis for responding to the examination items. Examination preparation courses are not necessary for success in the examination and are not a substitute for education and experience. However, they may be useful for overcoming test anxiety or becoming familiar with the format of an examination.

Should you decide to use examination preparation course materials or workshops, we strongly encourage you to

become an informed consumer prior to purchase and to consider the impact that incorrect information could have upon your examination performance.

The BBS does not supply examination preparation providers with confidential examination material. Additionally, it is unlawful for candidates to provide information regarding examination content to anyone. Examination preparation providers are regulated by the Bureau for Private, Post-Secondary and Vocational Education.

Examination Items

The MFT Written Clinical Vignette examination consists of 4 to 6 clinical vignettes with 4 to 6 multiple-choice questions associated with each vignette, for a total of 30 multiple-choice items.

The examination may contain additional items for the purpose of pre-testing (up to 10 non-scoreable items). Pre-testing allows performance data to be gathered and evaluated before items become scoreable in an examination. These pre-test ("experimental") items, distributed throughout the examination, WILL NOT be counted for or against you in your score, and will not be identified to you.

All of the scoreable items in the Written Clinical Vignette examination have been written and reviewed by MFTs, are based on the job-related task and knowledge statements contained in the examination plan, are written at a level that requires candidates to apply integrated education and supervised experience, and have been evaluated to ensure statistical performance standards are met.

The multiple-choice items evaluate candidate knowledge, skills, and abilities in the following content areas: Crisis Management, Clinical Evaluation, Treatment Planning, Treatment, Ethics, and Law.

The clinical vignettes describe clinical cases reflective of the types of clients and presenting problems consistent with entry-level practice. Clinical vignettes provide candidates with the opportunity to demonstrate their ability to integrate and apply professional knowledge and clinical skills.

The exact number of items devoted to each content area will vary slightly from one examination version to another in accordance with the clinical features and key factors associated with each vignette. The multiple-choice items are divided more or less equally between the content areas being examined. In addition, the items may apply to more than one content area. All multiple-choice items are equally weighted.

The main differences between a clinical vignette item and a standard multiple-choice item found on the MFT Standard Written examination is that a clinical vignette may contain a series of items related to the same vignette, and the possible answers are longer and more complex, listing a sequence of actions or describing a process of applying knowledge.

Due to limitations of the computer screen size, candidates will view the vignette separately from the question and possible answers by pressing an “Exhibit” button. Candidates will receive a tutorial and the opportunity to ask for assistance if needed before the time on the examination begins and during the examination.

THEORETICAL FRAMEWORK

Candidates should have an entry-level understanding of the primary theoretical orientations used in the field of marriage and family therapy (e.g., Cognitive-Behavioral, Humanistic-Existential, Postmodern, Psychodynamic, Systems).

Candidates will be required to evaluate the information presented in the clinical vignette and select the best treatment plan and goals presented (for example) based on the theoretical orientation provided in the question.

If the question is specific to a theoretical orientation, the clinical vignette will have enough context for a qualified candidate to answer it correctly. That is, the degree of difficulty will be reasonable, allowing measurement of minimally acceptable competence criteria (i.e., entry level).

EXAMPLE CLINICAL VIGNETTE

To follow is an example of the format and structure of items you may encounter during the examination. The following “Exhibit (Vignette)” item is an example of the type of clinical vignettes candidates may encounter in the examination.

This clinical vignette has two corresponding multiple-choice items. Each multiple-choice item requires the examinee to select the correct answer from among the four options (A-D) provided.

There is only one correct answer for each multiple-choice item. The ‘incorrect’ answers are typically common errors and misconceptions, true but not relevant statements, or incorrect statements. There are no ‘trick’ questions in the examination.

EXHIBIT (Vignette)

Anne, a recently divorced 40-year-old minister, and her 14-year-old daughter, Julie, are self-referred. Anne complains that Julie stays out past curfew and “sneaks” her 17-year-old boyfriend into the house. Anne states, “It’s tough enough to raise a daughter alone. I can’t even get her to go to school.” Julie says, “You and your religion make a big deal out of everything. Just back off!” After the session, Julie calls the therapist and reports that she is two months pregnant and is considering having an abortion. Julie asks that her mother not be told about the pregnancy.

1. How should the therapist clinically manage the crisis of Julie’s pregnancy as described in the EXHIBIT?

- A. Maintain Julie’s confidentiality;
Refer Julie to a physician;
Obtain a release from Julie to speak with her physician.
- B. Include mother in treatment;
Refer Julie to a physician;
Obtain a release from Julie to speak with her physician.
- C. Maintain Julie’s confidentiality;
Refer Julie to a physician for prenatal care;
Work toward disclosure of pregnancy to mother.
- D. Obtain consent to treat minor;
Include boyfriend in treatment;
Refer Julie to a physician for prenatal care

2. What legal obligations does the therapist have in the case described in the EXHIBIT?

- A. Obtain consent from Anne to treat minor if seeing mother and daughter together;
Obtain releases for medical provider from Julie if seen alone for pregnancy;
Assert privilege for Julie if mother asks for records;
File report with a child protective services agency.
- B. Obtain a consent from Anne to see Julie individually regarding pregnancy;
Obtain releases from Anne if seeing mother and daughter together;
Negotiate a fee with Julie if seen individually for the pregnancy;
Assert privilege for Julie if mother asks for records.
- C. Obtain releases for medical provider from Julie if seen alone for pregnancy;
Obtain releases from Anne if seeing mother and daughter together;
Maintain Julie’s confidentiality regarding the phone call;
Determine need for consent to treat a minor.
- D. Obtain releases for medical provider from Julie if seen alone for pregnancy;
Maintain Julie’s confidentiality regarding the phone call;
File report with a child protective services agency;
Determine need for consent to treat a minor.

Correct Answers: 1-A, 2-C

Understanding the Examination Results

At the end of your test, one of two things will happen.

1. You will receive a notice acknowledging your participation in the examination, and a score report by mail.

The delay in processing results is necessary to ensure fairness to candidates who take the examination. Most of the clinical vignettes have not been pretested because the examination is newly constructed.

Exporior will report your results directly to the BBS. To ensure validity, a statistical analysis of a certain number of completed examinations is required. Once the minimum number of completed examinations is met, it will take approximately two weeks for the analysis to be performed, the passing score validated, and the results to be mailed to candidates.

Your examination results are confidential and for your protection, will only be released to the BBS and to you in writing.

OR

2. A pass or fail result will be shown on the screen and you will receive a printed score report.

Numerical (raw) scores are provided to candidates who fail, but are not provided to candidates who pass. Your test results are confidential and are released only to you and your state licensing agency. To protect your privacy and to maintain the confidentiality of test results, score information is not given over the telephone.

IF YOU FAIL THE EXAMINATION

The score report will indicate the candidate's overall score and result, including the number of questions answered correctly. It also provides an indication of how the candidate performed on each major section of the test. This is intended to guide candidates in areas requiring additional preparation for re-testing.

A raw score is reported, but candidates may determine the percentage achieved by dividing the number of questions answered correctly by the total number of scoreable questions in the examination. A sample breakdown is provided on the paper licensing Examination Score Report.

License Examination Score Report for Sample, Sarah A.

California Marriage and Family Therapist Written Clinical Vignette Examination

	Number of Questions	Number Correct
MFT Total Test Score	30	14
<u>Area(s) Deficient</u>		
Crisis Management		*
Clinical Evaluation		
Treatment Planning.....		*
Treatment.....		
Ethics		*
Law		
		Score: 14
		Result: Fail

To determine the percentage achieved in the above sample, divide 14 by 30 ($14 \div 30 = 46.7\%$).

Recall that the exact number of items devoted to each content area will vary slightly from one examination version to another in accordance with the clinical features and key factors associated with each vignette. The multiple-choice items are divided more or less equally between the content areas being examined. In addition, the items may apply to more than one content area. All multiple-choice items are equally weighted.

Candidates may call or write to Exporior to request a duplicate of the score report for a period of one year after completing the examination.

The BBS welcomes constructive feedback from candidates regarding their examination experience. Feedback must be submitted in writing within 30 days after the examination to: Board of Behavioral Sciences, 400 R Street, Suite 3150, Sacramento, CA, 95814-6240. All correspondence should include the candidate's name, address, daytime telephone number, name of examination and date taken, examination site and BBS file number.

Examination Administration Complaints

Exporior's goal is to provide a comfortable and professional testing experience for every examinee. If a disruption or problem occurs, which you believe will substantially impact the outcome of your examination, you must document your concerns on the exit survey at the end of your examination. It is suggested that such events also be documented on a Candidate Comment Form available at all test centers.

The Candidate Comment Form is self-addressed to the Department of Consumer Affairs Office of Examination Resources and will be forwarded to the BBS. Complete all

information requested on the Candidate Comment Form, stamp it and mail it. If you request to be contacted regarding your comments, the BBS will contact you within 15 days of receiving the form.

The Candidate Comment Form is also a means for examinees to provide constructive feedback regarding your examination experience and/or comment on examination content.

Re-examination

Candidates who fail are eligible to re-take this examination. A Request for Re-Examination form will be provided with result notices at Exporior testing centers, or may be obtained by contacting the BBS. A Request for Re-Examination form will be mailed to candidates with delayed score reports.

To apply for re-examination, candidates must complete the form and submit it to the BBS with the correct fee. A notice confirming your eligibility for re-examination will be sent approximately 160 days from the date of the examination. Candidates are permitted to take the examination two times in a 12-month period.

AFTER PASSING THE EXAMINATION

Request for Initial License Issuance

Candidates are eligible to apply for licensure after passing the Written Clinical Vignette examination!

To apply, candidates must submit a Request for Initial License Issuance and the required fee to the BBS. Request for Initial License Issuance forms are provided with candidate result notices, are also available by contacting the BBS, and online at www.bbs.ca.gov. A Request for Initial License Issuance form will be mailed to candidates with delayed score reports.

When your license number is issued it will be available on the BBS' Web site. Your license certificate will be mailed within 30 working days of issuance.

Instructions for Determining Amount of Initial License Fee

The amount of the initial license fee will be prorated and established according to the month of issuance (month fee received by the BBS) and expiration date of the license (candidate's birth month).

CANDIDATES MUST PARTICIPATE IN THE EXAMINATION WITHIN ONE YEAR OF FAILING A PREVIOUS EXAMINATION.

Abandonment of Application/Ineligibility

FIRST TIME EXAMINEES: Title 16, California Code of Regulations Section 1806 (c) states, "An application shall be deemed abandoned if the applicant fails to sit for examination within one (1) year after being notified of eligibility." Abandonment of an application requires the candidate to submit a new application, fee and all required documentation, as well as meet all current requirements in effect at the time the new application is submitted if that candidate wishes to pursue licensure.

RE-EXAMINATION APPLICANTS: Title 16, California Code of Regulations Section 1833.3 states, "An applicant who fails any written or oral examination may, within one year from the date of that failure, retake that examination as regularly scheduled, without further application, upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination unless a new application is filed, meeting all requirements, and required fees are paid."

Please refer to the Fee Chart to determine the amount you should submit with your Request for MFT Initial License Issuance.

Example 1: If your birth month is March and the BBS receives your Request for Initial License Issuance in April, the fee amount that should be submitted with your request is \$130.00. Your license would be valid for approximately 24 months.

Example 2: If your birth month is April and the BBS receives your Request for Initial License Issuance in April, the fee amount that should be submitted with your request is \$70.00. Your license would be valid for approximately 13 months.

Your application shall be deemed abandoned if you fail to pay the initial license fee within one year after notification by the BBS of successful completion of the examination requirements.

MFT INITIAL LICENSE FEE CHART

→ *Month Fee Received by Board of Behavioral Sciences* →

↓Birth Month↓	<i>January</i>	<i>February</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>August</i>	<i>September</i>	<i>October</i>	<i>November</i>	<i>December</i>
<i>January</i>	\$70	\$130	\$125	\$119	\$114	\$108	\$103	\$98	\$92	\$87	\$81	\$76
<i>February</i>	\$76	\$70	\$130	\$125	\$119	\$114	\$108	\$103	\$98	\$92	\$87	\$81
<i>March</i>	\$81	\$76	\$70	\$130	\$125	\$119	\$114	\$108	\$103	\$98	\$92	\$87
<i>April</i>	\$87	\$81	\$76	\$70	\$130	\$125	\$119	\$114	\$108	\$103	\$98	\$92
<i>May</i>	\$92	\$87	\$81	\$76	\$70	\$130	\$125	\$119	\$114	\$108	\$103	\$98
<i>June</i>	\$98	\$92	\$87	\$81	\$76	\$70	\$130	\$125	\$119	\$114	\$108	\$103
<i>July</i>	\$103	\$98	\$92	\$87	\$81	\$76	\$70	\$130	\$125	\$119	\$114	\$108
<i>August</i>	\$108	\$103	\$98	\$92	\$87	\$81	\$76	\$70	\$130	\$125	\$119	\$114
<i>September</i>	\$114	\$108	\$103	\$98	\$92	\$87	\$81	\$76	\$70	\$130	\$125	\$119
<i>October</i>	\$119	\$114	\$108	\$103	\$98	\$92	\$87	\$81	\$76	\$70	\$130	\$125
<i>November</i>	\$125	\$119	\$114	\$108	\$103	\$98	\$92	\$87	\$81	\$76	\$70	\$130
<i>December</i>	\$130	\$125	\$119	\$114	\$108	\$103	\$98	\$92	\$87	\$81	\$76	\$70

**MARRIAGE AND FAMILY THERAPIST
Written Clinical Vignette Examination Outline
Effective April 2004 to present**

Content Area
I. Crisis Management
II. Clinical Evaluation
III. Treatment Planning
IV. Treatment
V. Ethics
VI. Law

**MFT Written Clinical Vignette Examination Plan
Effective April 2004 to present**

The following pages contain detailed information regarding examination content. A Definition and Description of each content area, and the associated task and knowledge statements are provided.

The DESCRIPTION provides an overall description of the content area – that is, what the questions for that content area are designed to assess.

The DEFINITION provides the key components of the questions the candidate may be presented with, specific to the vignette.

It is important for candidates to use this section as a study guide because each item in the Written Clinical Vignette examination is linked to this content. To help ensure success on the examination, candidates are also encouraged to use this section as a checklist by considering their own strengths and weaknesses in each area.

I. CRISIS MANAGEMENT

Description: This area assesses the candidate's ability to identify, evaluate, and clinically manage crisis situations and psychosocial stressors specific to the vignette presented.

Definition: The candidate may be required to:

- Identify crises and psychosocial stressors
- Recognize the severity of crises and psychosocial stressors
- Evaluate plans to clinically manage crises and psychosocial stressors

TASKS

- Evaluate severity of crisis situation by assessing the level of impairment in client's life.
- Assess trauma history to determine impact on client's current crisis.
- Evaluate potential for self-destructive and/or self-injurious behavior to determine level of intervention.
- Identify type of abuse by assessing client to determine level of intervention.
- Evaluate level of danger client presents to others to determine need for immediate intervention (e.g., 5150).
- Develop a plan with client who has indicated thoughts of causing harm to self to reduce potential for danger.
- Develop a plan for a client who has indicated thoughts of causing harm to others to reduce potential for danger.
- Develop a plan with client in a potentially abusive situation to provide for safety of client and family members.

KNOWLEDGE OF:

- Methods to assess strengths and coping skills.
- Methods to evaluate severity of symptoms.
- The effects of prior trauma on current functioning.
- Risk factors that indicate potential for suicide within age, gender, and cultural groups.
- Physical and psychological indicators of self-destructive and/or self-injurious behavior.
- Risk factors that indicate potential for self-destructive behavior.
- Criteria to determine situations that constitute high risk for abuse.
- Indicators of abuse.
- Indicators of neglect.
- Indicators of endangerment.
- Indicators of domestic violence.
- Methods to evaluate severity of symptoms.
- Risk factors that indicate client's potential for causing harm to others.
- Strategies to reduce incidence of self-destructive/self-injurious behavior.
- Techniques (e.g., contract) to manage suicidality.
- Strategies to deal with dangerous clients.
- Strategies for anger management.
- Strategies to address safety in situations of abuse.

II. CLINICAL EVALUATION

Description: This area assesses the candidate's ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression within the client's interpersonal and cultural context specific to the vignette presented.

Definition: The candidate may be required to:

- Identify human diversity issues
- Evaluate clinical issues and assessment information from theoretical frameworks
- Evaluate diagnostic impressions including those consistent with DSM-IV-TR

TASKS

- Identify presenting problems by assessing client's initial concerns to determine purpose for seeking therapy.
- Identify unit of treatment (e.g., individual, couple, or family) to determine a strategy for therapy.
- Assess primary caregiver's willingness and ability to support dependent client's therapy.
- Assess client's motivation for and commitment to therapy by discussing client's expectations of therapeutic process.
- Gather information regarding history, relationships, and other involved parties to develop a clinical impression of the client.
- Explore human diversity issues to determine impact on client functioning.
- Formulate a diagnostic impression based on assessment information to use as a basis for treatment planning.

KNOWLEDGE OF:

- Therapeutic questioning methods.
- Active listening techniques.
- Procedures to gather initial intake information.
- Observation techniques to evaluate verbal and nonverbal cues.
- The impact of psychosocial stressors on presenting problems and current functioning.
- Factors influencing the choice of unit of treatment.
- The role of client motivation in therapeutic change.
- Techniques to facilitate engagement of the therapeutic process with involuntary clients.
- The effects of human diversity factors on the therapeutic process.
- The implications of human diversity issues on client relationships.
- Methods to assess impact of family history on family relationships.
- The effects of family structure and dynamics on development of identity.
- The impact of cultural context on family structure and values.
- Methods to gather information from professionals and other involved parties.
- Techniques to identify support systems within social network.
- Techniques to identify the primary caregiver's level of involvement in therapy.
- Diagnostic and Statistical Manual criteria for determining diagnoses.
- Procedures to integrate assessment information with diagnostic categories.

III. TREATMENT PLANNING

Description: This area assesses the candidate's ability to develop a complete treatment plan and prioritize treatment goals based on assessment, diagnoses, and theoretical framework specific to the vignette presented.

Definition: The candidate may be required to:

- Apply theoretical frameworks to a vignette
- Evaluate treatment plans with beginning, middle and end stages
- Evaluate and prioritize treatment goals
- Evaluate the incorporation of human diversity into the treatment plan

TASKS

- Assess client's perspective of presenting problems to determine consistency of therapist and client treatment goals.
- Integrate information obtained from collateral consultations (e.g., educational, vocational and medical) to formulate treatment plans.
- Prioritize treatment goals to determine client's course of treatment.
- Formulate a treatment plan within a theoretical orientation to provide a framework for client's therapy.
- Develop a treatment plan within context of client's culture to provide therapy consistent with client's values and beliefs.

KNOWLEDGE OF:

- Means to integrate client and therapist understanding of the goals in treatment planning.
- Factors influencing the frequency of therapy sessions.
- Stages of treatment.
- Strategies to prioritize treatment goals.
- Methods to formulate short- and long-term treatment goals.
- Theoretical modalities to formulate a treatment plan.
- The assumptions, concepts, and methodology associated with a theoretical framework (e.g., cognitive-behavioral, humanistic-existential, postmodern, psychodynamic, systems).
- Means to integrate client and therapist understanding of the goals in treatment planning.
- Techniques for establishing a therapeutic framework within diverse populations.
- Methods to integrate information obtained from collateral sources (e.g., educational, vocational, and medical).

IV. TREATMENT

Description: This area assesses the candidate's ability to implement, evaluate, and modify clinical interventions consistent with the treatment plan and theoretical frameworks specific to the vignette presented.

Definition: The candidate may be required to:

- Select theoretically consistent and client-specific clinical interventions
- Evaluate the progress of treatment
- Consider alternative interventions

TASKS

- Establish a therapeutic relationship with client to facilitate treatment.
- Develop strategies consistent with a theoretical model to facilitate a client's treatment.
- Develop strategies to include the impact of crisis issues on client's treatment.
- Develop strategies to address client issues regarding lifestyle into treatment.
- Develop a termination plan with client to maintain gains after treatment has ended.

KNOWLEDGE OF:

- The components (e.g., safety, rapport) needed to develop the therapeutic relationship.
- Strategies to develop a therapeutic relationship.
- The use of interventions associated with a theoretical model.
- The theory of change and the role of therapist from a theoretical approach.
- Intervention methods for treating substance abuse.
- Intervention methods for treating abuse (e.g., domestic, child, and elder) within families.
- Intervention methods for treating the impact of violence.
- Interventions for treating situational crises (e.g., loss of job, natural disasters, poverty).
- The impact of value differences between therapist and client on the therapeutic process.
- Approaches to address issues associated with variations in lifestyles.
- Techniques to maintain therapeutic gains outside therapy.
- Relapse prevention techniques.

V. ETHICS

Description: This area assesses the candidate's ability to apply and manage ethical standards and principles in clinical practice to advance the welfare of the client specific to the vignette presented.

Definition: The candidate may be required to:

- Recognize professional ethical responsibilities specific to the case
- Apply ethical standards and principles throughout the treatment process
- Identify the clinical impact of ethical responsibilities on treatment

TASKS

- Address client's expectations about therapy to promote understanding of the therapeutic process.
- Discuss management of fees and office policies to promote client's understanding of treatment process.
- Manage countertransference to maintain integrity of the therapeutic relationship.
- Manage potential dual relationship to avoid possible loss of therapist objectivity or exploitation of client.
- Manage confidentiality issues to maintain integrity of the therapeutic contract.

KNOWLEDGE OF:

- Approaches to address expectations of the therapeutic process.
- Cultural differences which may affect the therapeutic alliance.
- Methods to explain management of fees and office policies.
- Strategies to manage countertransference issues.
- The impact of gift giving and receiving on the therapeutic relationship.
- Business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.
- The implications of sexual feeling/contact within the context of therapy.
- Strategies to maintain therapeutic boundaries.
- Confidentiality issues in therapy.

VI. LAW

Description: This area assesses the candidate's ability to apply and manage legal standards and mandates in clinical practice specific to the vignette presented.

Definition: The candidate may be required to:

- Recognize legal obligations specific to the case
- Apply legal obligations throughout the treatment process
- Identify the clinical impact of legal obligations on treatment

TASKS

- Comply with legal standards regarding guidelines for consent to treat a minor.
- Report cases of abuse to authorities as defined by mandated reporting requirements (e.g., child, dependent adult, elder).
- Report expressions of intent to harm others by client as defined by mandated reporting requirements.
- Assess client's level of danger to self or others to determine need for involuntary hospitalization.
- Assert client privilege regarding requests for confidential information within legal parameters.

KNOWLEDGE OF:

- Laws regarding consent to treat a minor.
- Custody issues of minor client to determine source of consent.
- Laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder).
- Laws pertaining to mandated reporting of client's intent to harm others.
- Techniques to evaluate client's plan, means, and intent for dangerous behavior (i.e., harm others).
- Legal criteria for determining involuntary hospitalization.
- Laws regarding privileged communication.
- Laws regarding holder of privilege.
- Laws regarding therapist response to subpoenas.

CALIFORNIA TESTING CENTERS

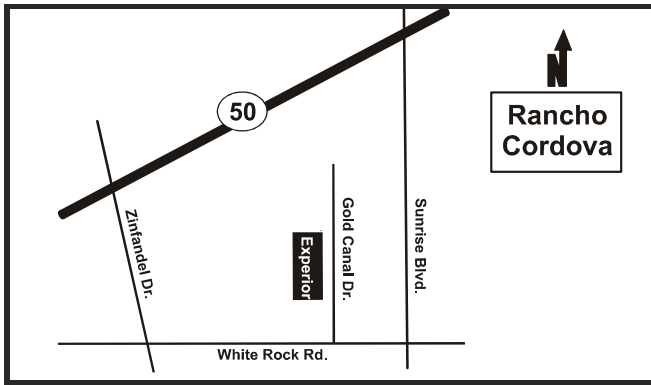
If you are unfamiliar with the area, please contact the testing center during testing hours for directions. Please direct registration, scheduling and any other questions to Experior at 800. 897.2046

MAPS ARE NOT DRAWN TO SCALE.

Rancho Cordova Center

3110 Gold Canal Drive, Suite E
Rancho Cordova, CA 95670
Phone: 916.851.8340

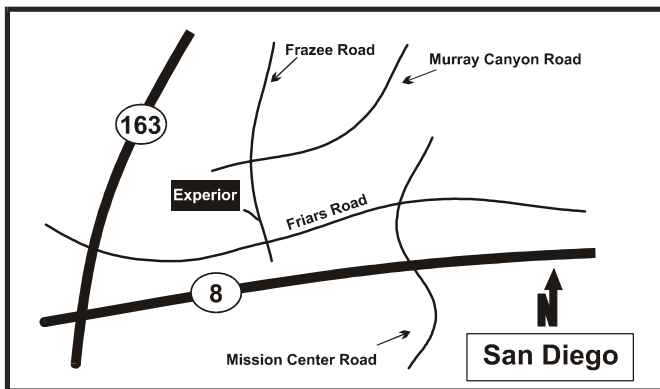
From Hwy 50, take either the Sunrise Blvd. or Zinfandel Dr. exit and head south. Turn on White Rock Rd. and turn again onto Gold Canal Dr. The Experior testing center is on your left. Turn into the first driveway on your left to park in front of the building. Additional parking is available around the building.



San Diego Center

1450 Frazee Road, Suite 410
San Diego, CA 92108
Phone: 619.574.1840

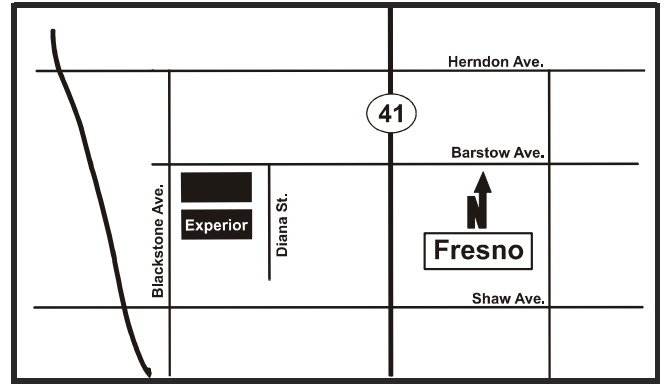
From Highway 163, take the Friars Road exit east to Frazee Road. Turn left (north) on Frazee Road. The Experior testing center is in the building on your left. Parking is available all around the building.



Fresno Center

125 E. Barstow Avenue, Suite 136
Fresno, CA 93710
Phone: 559.226.3334

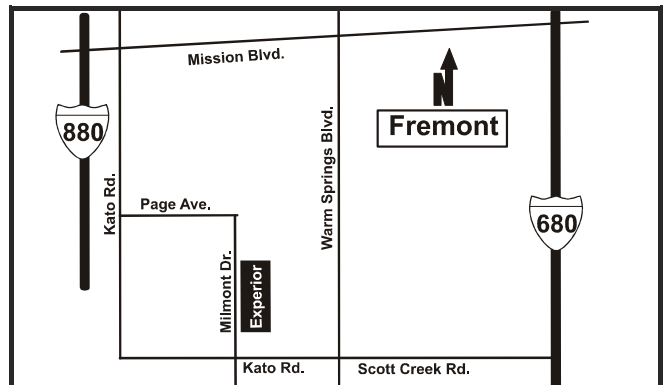
From Hwy 41, exit west on Shaw; turn right (north) on Blackstone. From northbound I-99, exit east on Shaw; turn left (north) on Blackstone. Turn right (east) on Barstow. At 125 E. Barstow, turn right on Diana, and then right into the parking area. The Experior testing center is located in the second building from Barstow. Parking is available around the building.



Fremont Center

48860 Milmont Drive, Suite 103C
Fremont, CA 94538
Phone: 510.687.0821

From I-880, take the Mission Blvd exit and head east; turn right (south) on Warm Springs Blvd, right again on Kato Rd and right again on Milmont Dr. From I-680, take the Scott Creek Rd exit and head west; Scott Creek Rd becomes Kato Rd; turn right on Milmont Dr. The Experior testing center is on your right. Parking is available around the building.



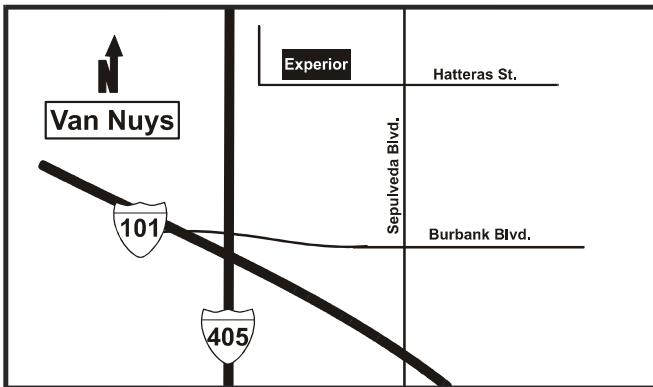
CALIFORNIA TESTING CENTERS (cont.)

Note: Maps are not drawn to scale.

Van Nuys Center

John Laing Holmes Building
5805 Sepulveda Blvd., Suite 601
Van Nuys, CA 91411
Phone: 818.781.9981

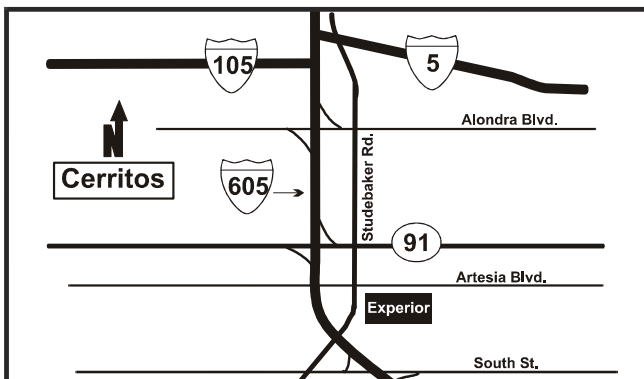
From I-405, take the Burbank Blvd exit and head east; turn left (north) on Sepulveda Blvd. The Experior testing center is located at the intersection of Sepulveda and Hatteras. Paid parking is available in the lot; free parking may be available on the street.



Cerritos Center

Caremore Building
18000 Studebaker Road, Suite 680
Cerritos, CA 90703
Phone: 562.860.1748

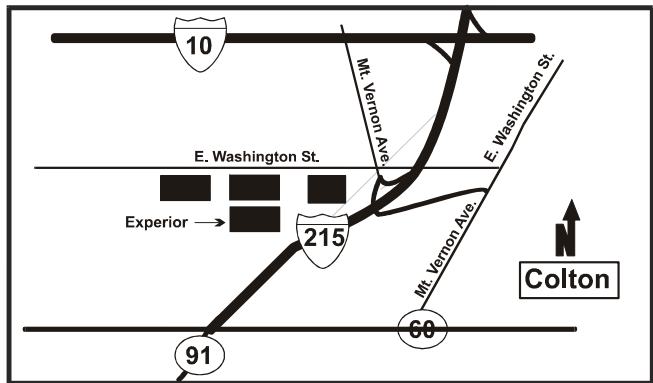
From I-605 south, take the Alondra Blvd exit, turn left (east) on Alondra Blvd and right (south) on Studebaker. From I-605 north, take the South Street exit; turn left (west) on South St. and right on Studebaker. Parking is available around the building.



Colton Center

Rancho Las Palomas
1060 E. Washington Street, Suite 110
Colton, CA 92324
Phone: 909.783.2255

From I-215, take the Mt. Vernon Ave. exit; head west on E. Washington. The Experior testing center will be on your left, in the 2-story Rancho Las Palomas building behind Del Taco. Parking is available around the building.



San Francisco Area Center

222 Kearny Street, Suite 603
San Francisco, CA 94108
Phone: 415.834.1357

From I-80 heading south, take the Fremont Street exit and turn left. At the first intersection, turn left onto Howard Street. Turn right onto 3rd Street, which becomes Kearny Street. Experior is on the right-hand side of the road.

From I-80 heading north, take the 4th Street exit toward Embarcadero. Turn a slight left onto Bryant Street, then left onto 3rd Street. 3rd Street becomes Kearny Street. Experior is on the right-hand side of the road.

Parking is available nearby. Please be prepared to pay for your parking. The nearest BART location is at the intersection of Montgomery Street and Market Street. The building is also accessible by MUNI.

